



APPLICATION FOR VARIANCE

State Form 44400 (R4 / 6-10)

Approved by State Board of Accounts, 2008

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICE SECTION

402 West Washington Street, Room W246

Indianapolis, IN 46204-2739

http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of the applicant

Rocky Caudell

Title

President

Name of organization

Countertop Connections, Inc.

Telephone number

(317) 822-9858

Address (number and street, city, state, and Zip code)

1257 South East Street Indianapolis, Indiana 46225

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant)

Name of person on behalf of the applicant

Edwin L. Rensink

Title

Principal

Name of organization

RTM Consultants, Inc.

Telephone number

(317) 329-7700

Address (number and street, city, state, and Zip code)

6640 Parkdale Place Suite J Indianapolis, Indiana 46254

3. DESIGN PROFESSIONAL OF RECORD (if applicable)

Name of design professional

James P. Mack

License number

AR19300030

Name of organization

Mack Architects, P.C.

Telephone number

(317) 251-2468

Address (number and street, city, state, and Zip code)

5920 North Keystone Avenue Indianapolis, Indiana 46220

4. PROJECT IDENTIFICATION

Name of project

Countertop Connections New Facility

State project number

374765

County

Johnson County

Site Address (number and street, city, state, and Zip code)

3042 Hudson Street Franklin, Indiana 46131

Type of project: ☒ New ☐ Addition ☐ Alteration ☐ Change of Occupancy ☐ Existing

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- ☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☒ Written documentation showing that the local fire official has received a copy of the variance application.
- ☒ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☐ Yes (if yes, attach a copy of the Correction Order) ☒ No

Has a violation been issued? Yes (if yes, attach a copy of the Violation and answer the following) ☒ No

Violation Issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

903.2.3.1

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

The building exceeds the 2,500 sq ft fire area limit for a nonsprinklered F-1 Occupancy woodworking facility. The building will be 9,763 square feet in area + a mezzanine of 1,080 square feet. The shop area is 8,649 square feet in area. Additional area is for office and a small showroom.

The building is classified as F-1 and B Occupancies and Type VB Construction.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

- 1. Dust collection equipment per NFPA 664 will be provided for stationary woodworking equipment, hand tools such as routers are attached to a shop vac with a shroud, and hanging air filters are provided to circulate and clean the air.**
- 2. Heat is provided with a floor radiant heating system. There will be no open flame of any type in the shop area.**
- 3. Three (3) direct exits to the exterior are provided from the shop area, with an egress travel distance of less than 75 feet.**
- 4. Many variances have been approved for similar facilities, including 13-12-11, 13-05-58, and 13-02-49.**

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services
- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure
- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements
- ☐ Imposition of the rule would prevent the preservation of An architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The cost to construct 3-hour fire barriers to comply with the 2,500 sq ft limit is approximately \$61,000. Cost to provide a sprinkler system for the building is \$75,033.

10. STATEMENT OF ACCURACY

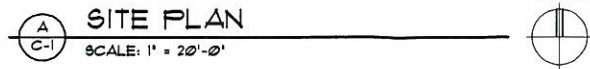
I hereby certify under penalty of perjury that the information contained in this application is accurate

Signature of applicant or person submitting application	Please print name Edwin L. Rensink	Date of signature (<i>month, day, year</i>)
Signature of design professional (<i>if applicable</i>)	Please print name James P. Mack	Date of signature (<i>month, day, year</i>)

11. STATEMENT OF AWARENESS (*If the application is submitted on the applicant's behalf, the applicant must sign the following statement*)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant	Please print name Rocky Caudill	Date of signature (<i>month, day, year</i>)
------------------------	---	---

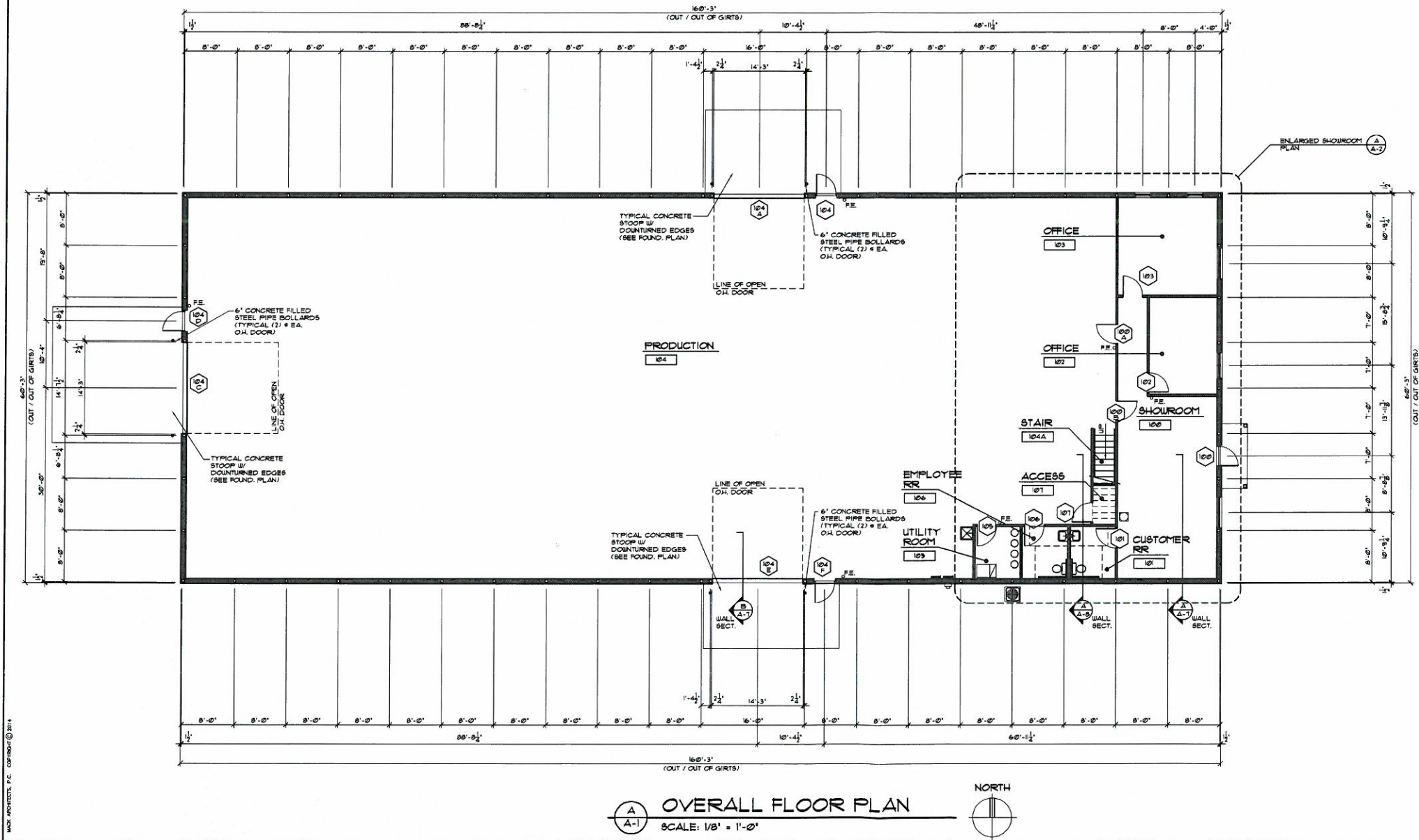
[illegible]

ISSUE DATE:
OCTOBER 2, 2014
REVISIONS:
Δ NOVEMBER 20, 2014

CERTIFICATION

C-1

SHEET NO.



Mack Architects
Mack Architects, P.C.
5920 North Indiana Avenue
Indianapolis, Indiana 46220
Phone: (317) 251-2468 Fax: (317) 251-2469
E-mail: mackarchitects@bcgglobal.net

PROJECT NO:
1430

NEW PRODUCTION FACILITY FOR:

COUNTERTOP CONNECTION

3042 HUDSON STREET
FRANKLIN, INDIANA 46131

ISSUE DATE:
OCTOBER 2, 2014

REVISIONS:

CERTIFICATION



A-1

SHEET NO.